

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1950

State File No. **41552**

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 4348		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville, Mo.		c. LENGTH OF STAY (In this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville, Missouri		70100	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wellsville, Mo.				d. STREET ADDRESS (If rural, give location) 308 N. First St			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Patrick		c. (Last) Quinlan	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 17, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 69		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME John Joseph Quinlan		13b. MOTHER'S MAIDEN NAME Jane Marie Mudd		14. NAME OF husband OR WIFE Laura Quinlan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Quinlan		ADDRESS Wellsville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Berger's Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4531				INTERVAL BETWEEN ONSET AND DEATH 4531	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 4 19 50 , to Dec 17 , 19 50 , that I last saw the deceased alive on Dec 16 , 19 50 , and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. J. Hyland M.D.		23b. ADDRESS Wellsville, Mo.		23c. DATE SIGNED 12-18-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec. 19, 1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Mexico Missouri	
DATE REC'D BY LOCAL REG. 12-19-50		REGISTRAR'S SIGNATURE W. S. Romans		25. FUNERAL DIRECTOR'S SIGNATURE Smith - Schlander ADDRESS Wellsville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

File No.

DEC 26 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. Boone Schlanker

Signed _____
Student Embalmer

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.